

LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

Vol. VIII.

LOUISVILLE, OCTOBER 11, 1879.

No. 15.

R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

A MOST extraordinary tale is in the public press concerning the death of the nephew of Prescott, the historian, which lately took place at Brooklyn. He was subject to a severe neuralgia supposed to arise from a decayed tooth. This was filled by a dentist in Boston, and soon afterward the decay in the tooth spread to his jaw and other tissues, and only stopped when, as the papers state, it had "severed the connections between the head and body save the spinal column," at which point the patient succumbed. The dentist was blamed with the death, he having, as it was said, filled the tooth with arsenic to destroy the nerve. This he denied, however; and even if he had not, such ravages from arsenic as those related in this case would be rather fresh news to the profession.

It is announced that Prof. E. S. Gaillard has resigned his chair in the Louisville Medical College. Prof. Gaillard has been so closely identified with this school that without him it will indeed be much like "Hamlet without Hamlet." Gov. Blackburn has also, after an arduous service of six months, tendered his resignation as president of the board of trustees of the Louisville Medical College.

WE call the attention of our readers to the fact that in a fortnight this journal will reach its two hundredth number. There is still time sufficient for the testimonial which is usual on such occasions. We ask that payments be made by that time.

VOL. VIII.—No. 15

THE indications are that every where the medical schools are fuller than usual. This may be the result of the "better times" which are so noticeably dawning on the country at large, but it is hard to say. In flush times young men study medicine because they have the means; in flat times they study it because they can find nothing else to do; and so the walls keep full whether the country is up or down. We would fain believe that the present overpour is due to the fact that the late advance in medical education is rendering the practice of physic a more respectable calling.

THE doctor-governor of Kentucky is shocking a number of truly good and pious citizens by pardoning a lot of disease-stricken convicts from the shamefully-crowded state prison. Among the number turned out to prey upon society were several in the last stages of consumption and one fellow without legs. A boy of eleven, sent up by some asinine jury, was returned to his mother to be spanked, without being allowed to enter the prison-gate.

PROF. STOKES declares that the doctrine of *contraria contrariis curantur* is as absurd as that of *similia similibus*. Probably the safest system is that introduced by Father Hippocrates, and further elucidated by our cousin Bacon: that whatever has cured a number of times may under like circumstances be of benefit again—if it has luck.

THE popularity of the National Dispensatory of Stillé and Maisch is evinced by the fact that a second edition is already called for, when the first is only a few months old.

Original.

MUSHROOM POISONING.

BY A. C. SCHUMAN, M. D.

On September 21st as I was on my way to visit a patient in the country I met three men coming in from a mushroom-hunt with a good supply of what they called mushrooms. I looked at them and pronounced the largest portion of their collection poisonous, with the warning not to eat them. On September 22d, about 6 P. M., I was called to the house of Mr. C., one of the three men, and found himself and wife very sick from mushroom poison. Mrs. C. was decidedly the worse of the two. She had, however, owing to the warning I had given to her husband, not partaken of more than four small ones about noon the day before. Mr. C. had after coming home abstained from eating them, but had eaten several raw ones in the field while gathering them. Mrs. C. complained of a violent attack of diarrhea, which had commenced about 4 A. M. and continued all day, bowels moving every half hour; thin, watery stools; no tenesmus; only slight pain after the first few actions. She had not eaten anything all day, and had taken a dose of castor oil about half an hour before I arrived. Shortly after I came she vomited about three pints of a gelatinous mass of a dark gray color. The pulse was irregular and intermittent. It would beat at the rate of twenty-five to the quarter minute; then perhaps for one minute at the rate of thirty-five or forty to the quarter. Great anxiety, with hiccough, which had commenced about six hours before; also continual yawning; no difficulty in breathing, no pain, very little tenderness on pressure on abdomen. Mr. C. suffered similarly, only in milder form, with diarrhea, vomiting, irregular pulse, he having no hiccough and not yawning, but felt stupid and very much alarmed, as he had just been informed that one of the three men and a boy who had eaten some of the mushrooms had died from the effects of the poison. Ordered

R Chloroformi..... ʒij;
 Alcohol..... ʒiij;
 Ammon. carb..... ʒj;
 Pulv. acaciæ..... ʒiv;
 Aquæ camph..... ʒiv. M.

S. Tablespoonful every hour.

To drink milk with lime-water and barley-water. 11 P. M. same day: Pulse not quite so irregular, vomiting and diarrhea less;

both patients express themselves more comfortable, but the hiccough and yawning of Mrs. C. continue as before. Ordered the medicine to be continued, with mustard-plaster over stomach.

September 23d: Mrs. C. has not slept any during the night; hiccough and yawning somewhat less, but still persistent; vomiting worse since the medicine had given out, the bowels moving involuntarily at each act of vomiting; complains of sensation of pins and needles all over her body. Ordered

R Chloroformi..... ʒj;
 Morph. sulph..... gr.j;
 Bism. subnit..... ʒj;
 Pulv. acaciæ..... ʒiv;
 Aquæ camph..... ʒiv. M.

S. Tablespoonful every two hours in some toddy.

September 24th: Mr. C. feels well, only weak and dizzy. Mrs. C. has slept several hours during the night; vomiting and diarrhea much better; heart still somewhat irregular in its action; hiccough almost entirely relieved; still yawns frequently; no appetite; not much thirst. Continued the medicine in half-tablespoonful doses.

September 25th: Has slept well during the night; has eaten two soft-boiled eggs, crackers, and cup of coffee; vomiting entirely relieved; bowels still loose; yawning continues, but not so frequent; pulse eighty per minute and regular.

September 26th: Feels well; hungry all the time; wants to eat every half hour; bowels much better, but still inclined to be loose.

Upon examining the mushrooms closely there were found imbedded in the fleshy part a number of minute green worms. I have seen very small white worms, almost invisible to the unaided eye, in the edible variety. It is barely possible that the poison may depend on the presence of these minute green worms. Those with the white worms have been eaten without any evil results. The ones Mrs. C. had eaten were of the variety that are white under the cap, but they could be peeled very readily, which is said to be a test for the edible variety. I have never gathered any but those that have a peculiar pinkish color under the cap, and with short, thick stems, and have not paid any attention to the peeling test. The following general rules are given to distinguish those which are wholesome from the poisonous: Those should be rejected which have a fetid odor, an acrid or bitter taste, which grow in very moist places and upon putrefying substances, or exude a milky, acrid, styp-tic juice, or are very soft, liquefying, and

giving a bluish tint upon being bruised. From mushrooms that are usually edible may become poisonous if gathered too late or in places that are too moist.

There were eight persons made sick by partaking of this lot of mushrooms, two of whom died and one is still suffering from the effects of the poison.

LOUISVILLE.

Correspondence.

WOUND OF SCROTUM.

To the Editors of the Louisville Medical News:

In your issue of September 13th inst. I find a communication from J. T. Davis, M. D., of Fisherville, Ky., which reminds me of a similar case in my practice a few years past.

Three lads about fourteen or fifteen years of age were amusing themselves by shooting each other with paper wads. One would take a position fifteen or twenty paces in front of the gun, project his buttocks, and receive the shot. This was going on briskly, every one taking his turn alternately. Finally Elden M. placed himself in position to receive a shot, and to their astonishment the ramrod (being forgotten in the shotgun) pierced his scrotum and tore its way through the lower portion, in such a way as to allow the testicles to drop out, leaving the scrotum contracted above them. The boy was carried home immediately, and his friends there swept the chimney for soot, with which they enveloped the perfectly denuded testicles, and sent for the doctor.

The writer received the summons and hurried to the spot and found the patient in the predicament described above. Night had come on, and the artificial light was poor; but the diagnosis was quickly made, and it was decided that the most difficult part of the treatment was to remove the soot. The boy was taken out of bed, placed on the floor, and water poured from a pitcher on the testes until they were clean. A few specks were wiped off; then they were replaced, the scrotum drawn down and made to inclose them again, and a few stitches completed the operation. I had some fears that all the extraneous matter would not be removed, but the wound healed by first intention, and the case was dismissed as well in a few days, and continues so to date.

C. H. EDWARDS, M. D.

FRANKLIN, KY., Sept. 30, 1879.

Reviews.

Guide to the Examination of Urine. By K. B. HOFFMAN, Professor at the University of Graz, and R. ULTMANN, Docent at the University of Vienna. From the second edition, with illustrations. Translated and edited by F. FORCHHEIMER, M. D., Professor of Medical Chemistry in the Ohio Medical College. Cincinnati: P. G. Thomson, publisher.

Analysis of the Urine. By K. P. HOFMANN, Professor in University of Gratz, and R. ULTMANN, Docent in the University of Vienna. Translated by T. BARTON BRUNE, A. M., M. D., and H. HOLBROOK CURTIS, Ph. B. New York: D. Appleton & Co., publishers.

It is not surprising that a book possessing such European popularity as the above work should have been translated by two different persons at the same time. It has been the stimulus and main text for a number of "original" books on urinalysis in our own language. Both of the above translations have their virtues and their faults. For instance, the Appleton's volume is characteristic of this great publishing house; it is neat, the paper is excellent, engravings superb, and the style of writing is careful and studied; but when we compare it with the little inconspicuous translation of Forchheimer, we are immediately more favorably impressed with the latter. True, the engravings, paper, binding, etc. are not so rich; but the translation itself is much better, the diction more unconstrained and terse, more independent judgment exercised in curtailing and making useful additions. "Every test, every method is brought home to the student and physician for use in practice," says Dr. Forchheimer in his preface. The simpler and approximative tests are preferred by the practical physician to the more complicated and exact ones, and here he has several to choose from for each test.

We indorse the statement that the book is fully up to the times, and heartily recommend it to students and practitioners of medicine as the most useful and concise book on the subject. The practitioner, when he reads this little book, will be astonished at the simplicity of ordinary urinalyses, and, instead of sending to experts, will save time and trouble by making them for himself. o.

THE question of *kolpoulis versus kolpoplexis*—the advantages of the former over the latter, as illustrated in atresia of the vagina, etc.—was discussed at the late gynecological struggle at Baltimore.

Books and Pamphlets.

LA VECCHIA E LA NUOVA SIFILOPATOLOGIA. PRELEZIONE. Al corso di Pathologia e Clinica Dermo-Sifilopatica nella R. Università di Catania. Del Prof. Primo Ferrari. (Italy.)

DELLA NINFO-ELEFANTIASI SIFILITICA. Storia e Considerazioni. Ferrari, dott. Primo, Professore straordinario di Clinica Dermo-sifilopatica nella R. Università di Catania. (Italy.)

SULLA STORIA NATURALE DELL'ACHORION: Breve Esame Critico. Del Dott. Primo Ferrari, Prof. aggr. dell'Università di Perugia, Corrispondente della Società Dermatologica di New-York. (Italy.)

ON SPASMODIC STRICTURE OF THE URETHRA: A Reply to Dr. F. N. Otis. By Henry B. Sands, M. D., Professor of the Practice of Surgery in the College of Physicians and Surgeons, New York; Attending Surgeon to the New York and Roosevelt Hospitals.

CHRONIC SPASMODIC STRICTURE, OR URETHRISMUS: Second Paper in Reply to Dr. H. B. Sands. By F. N. Otis, M. D., Clinical Professor of Genito-urinary Diseases in the College of Physicians and Surgeons, New York; Surgeon to Charity Hospital; etc. Reprint from the Hospital Gazette of June 28, 1879.

SIMPLE CONJUNCTIVITIS AND PURULENT OPHTHALMIAS. From papers read before the Medical Association of the State of Missouri, 1878 and 1879. By Charles E. Michel, M. D., St. Louis, Professor of Ophthalmology and Histology in Missouri Medical College. Reprint from St. Louis Courier of Medicine for September, 1879.

THE PRESERVATION OF GOOD EYE-SIGHT AND THE USE OF SPECTACLES. Read before Ohio State Medical Society, June 3, 1879. By J. H. Buckner, M. D., Cincinnati, Ophthalmic and Aural Surgeon to St. Mary's Hospital, and Surgeon to Cincinnati Eye, Ear, and Throat Free Dispensary.

SOME POINTS CONNECTED WITH THE QUESTION OF RESPONSIBILITY AS IT RELATES TO THE PARTIALLY INSANE. By T. L. Wright, M. D., of Bellefontaine, O.

A thoughtful essay evidencing no little familiarity with the literature of the subject. The author concludes as follows:

1. The partially insane are always responsible.
2. They are never responsible in an equal degree with the sane.
3. They can not justly be held responsible in the same manner or kind in which persons of sound mind are held.
4. As a corollary from the above conclusion, it is claimed that it is the duty of the state to provide a place of confinement for the criminally insane, different from jails and penitentiaries, and different also from the ordinary insane-asylum.

Believing the best doctrine for the safety of society to be "the greatest good to the greatest number," we regard the penitentiary as the best remedy for kleptomania, and hanging the wisest treatment for homicidal mania.

A CASE OF ULCERATIVE SCROFULODERM. Read at the Second Annual Meeting of the American Dermatological Association, at Saratoga, N. Y., August 28, 1878. By Arthur Van Harlingen, M. D., Chief of the Skin-Clinic, Hospital of the University of Pennsylvania. Reprint from Archives of Dermatology, April, 1879.

CONTRIBUZIONE ALLA CLINICA GENERALE E SPECIALE DELL' ENTERO-PERITONITE SIFILITICA. Del Dottor Primo Ferrari, Professore e Direttore della Clinica Dermo-sifilopatica nella R. Università di Catania. Catania: Stab. Tip. Salv. Musumeci. 1879. (Italy.)

FIRST STEP IN CHEMICAL PRINCIPLES: An Introduction to Modern Chemistry, intended especially for Beginners. By Henry Leffmann, M. D., Lecturer on Toxicology in Summer School of Jefferson Medical College; Ass't Prof. Chemistry, Philadelphia Central High School, etc. Phila.: Edw. Stern & Co. 1879.

THE TENTH ANNUAL REPORT OF THE AMERICAN MUSEUM OF NATURAL HISTORY, CENTRAL PARK, NEW YORK. January 1, 1879. New York: Printed for the Museum.

An interesting pamphlet, in which is recorded the gratifying progress of what is destined to become a great institution.

BIBLIOTHECA DERMATOLOGICA. A Catalogue of Cutaneous Literature in the Library of Henry G. Piffard, M. D., Professor of Dermatology, University of the City of New York, etc. 1879.

In his preface Prof. Piffard says no complete bibliography of cutaneous literature has ever been published, and as such a publication would prove of great utility to those interested in the subject, the undersigned has put forth the accompanying in the hope that even an imperfect list would not be entirely valueless. He further desires to increase this collection, and to that end invites those who may possess dermatological works, not here included, which they are willing to dispose of, to communicate with him with a view to their transfer for a suitable consideration.

He hopes at a future time to compile a complete bibliography of the subject, and will be thankful for the titles of works, monographs, etc. that have been here omitted.

Whatever Dr. Piffard does is well done. Dermatologists every where will welcome this publication.

FURTHER CONTRIBUTIONS TO THE TREATMENT OF LUPUS. By Henry G. Piffard, M. D., Professor of Dermatology, University Medical College, New York; Surgeon to Charity Hospital, etc. Read before the Medical Society of the State of New York, February 4, 1879. Reprint from New York Medical Record, April 5, 1879.

Dr. Piffard concludes his interesting paper as follows:

Internal Treatment.—In my last paper I referred to the unsatisfactory results obtained from internal

treatment alone, expressing at the time but little confidence in any medication, except perhaps the use of phosphorus, at the same time cautioning against its too free or indiscriminate use. With the present series of cases I have experimented quite freely with a number of additional agents, including gold, bromide of gold, chloride of gold and sodium, arsenious acid, bromide of arsenic, phosphorus, hydrocotyle asiatica, silicic acid, silicate of calcium, and arseniate of calcium. Under the use of some of these the patient's health was benefited and the appearance of the lesions improved; but whether they contributed in any way to the prevention of relapse *in situ* I am of course unable definitely to determine.

Surgical Measures.—When excision is impracticable, scraping followed by the actual cautery is the least painful of the radical operations that have been proposed, and cicatrization is most rapid. The resulting cicatrix is smooth and less disfiguring than that which follows spontaneous involution or the potential caustics. The success of the operation will depend on the thoroughness with which it is performed. If a relapse of the lesion occurs, it may be expected within three months at the latest; and if this period passes without return of the disease *in situ*, the only fear is its development elsewhere.

It is from constitutional treatment alone that we can here expect success; and as I have seen small lesions, undoubtedly lupus in character, disappear during internal treatment, I am not without hope that much may yet be accomplished in this direction in the future.

Our own experience in the internal treatment of lupus is exceedingly satisfactory. Convinced of its scrofulous origin, we have treated it by the constructives just as we treat phthisis or other scrofulous lesion, and have thus cured multiple lupus without surgical aid.

Some cases of lupus are incurable under any treatment; and to some, because of their location or vast extent, surgery is inapplicable. As a rule, however, we may cure lupus by cauterization, if we administer at the same time oil, the hypophosphites, malt, iron, etc., and give the best sort of food—the best being that which is most fat-producing.

The Louisville Medical News.

Back numbers of the LOUISVILLE MEDICAL NEWS, with several exceptions, can be supplied. The price is six cents per copy, postpaid. Persons wishing to complete their files of the NEWS would do well to order missing numbers early, as but few copies remain of several of the issues.

A limited number of bound volumes of the NEWS is in stock. These can be obtained at the following prices: The NEWS for 1876, Vols. I and II bound together, \$3.50; 1877, Vols. III and IV bound together, and 1878, Vols. V and VI bound together, each \$4.50, or the three years for \$11.00, postpaid.

The bound volumes of the NEWS contain each six hundred and fifty pages filled with much matter of permanent value.

Address the publishers,

JOHN P. MORTON & COMPANY,
Louisville.

Miscellany.

HOW DR. HAMMOND SPENT THE INTERIM.
Dr. Hammond was "interviewed" by a New York Tribune reporter, and gave the following account of his fortunes after his dismissal:

"When I was dismissed the service," said Dr. Hammond, "I resolved to go to the biggest place in the world and live it down, and so I came immediately to New York. I made no effort to get reinstated at the time, and determined not to do so till I could achieve success in my profession, and could ask to be restored to the list without back, present, or future pay or allowance of any kind whatsoever. When I arrived here I had nothing, and was obliged to borrow money from whomsoever would loan it to me in order to support myself. There were times when I really did not know how I was to get my next meal. I supported myself as best I could. I took to writing for the newspapers. Among those that published my articles were the Nation and the Round Table, and I also contributed to other periodicals. My struggle at times was desperate. I came here in September, 1864, but did not begin to have any kind of practice until January, 1865. I then opened an office, but during the entire month I did not take in one cent. In February I received \$45, in March \$150, in April \$10, in May \$205, in June \$140, in July \$300, in August not a cent, in September \$60, in October \$275. I began to think I should never get along, and should probably not have been able to remain here if it had not been just about this time, in a fortunate moment, I was engaged to go to Europe with Eugene Langdon, the grandson of the original John Jacob Astor. My engagement was for six months. I was to receive a fee of \$10,000 for my attendance, and my expenses were all to be paid. This brought the sum total to about \$17,000 currency. I received one half, or \$8,000, in advance, the balance to be paid on my return. We left New York in November, 1865, and did not return until June, 1866, when the amount due me was paid, and this gave me a start. I resumed my practice here, but in the month of July of that year I only took in \$10. In August I received \$10, in September and October nothing, in November \$10, and in December \$10. I may say that my practice really began in 1867. During that year my receipts were \$2,225, and in 1868 they were increased to \$9,600. Since then they have

yearly increased, until in 1878 they reached upward of \$60,000.

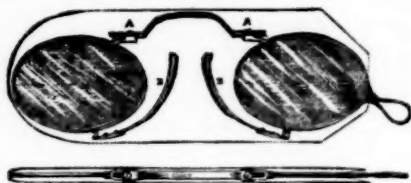
"I looked back over the last fourteen years of my life with much satisfaction when I reviewed what I had done under the heavy load of adversity and odium which I had been forced to carry. I felt that the time had now come for me to seek moral redress. Yet I was fearful that if I should make any attempt to get back on the list it would be said that my effort was simply a scheme to take money out of the Treasury. I did not want people to think or say that I was after the money. So with great care I drew up a bill which, if passed, would authorize the President to review the proceedings of the court-martial which tried me, and to annul and set aside the findings and sentence if proper so to do. Then, in order to meet any insinuations of greed upon my part, I inserted in the second section the proviso that, if reinstated, I should not be entitled to back, present, or future pay or allowances of any kind whatsoever. My pay as Surgeon-general was \$6,000; and had I insisted upon the arrears being paid, the amount for the fifteen years would be \$90,000. But I have asked nothing. While I have always felt that I have been unjustly treated, and that too through the fault of the government, I also realized the fact that while in the years immediately succeeding my dismissal I suffered greatly, I was nevertheless placed by that act in a position where I could make ten times as much as if I had remained in the service as Surgeon-general. Taking this equitable view of it, I did not ask for the money.

Mr. Conkling offered my bill in the Senate, and advocated it warmly. There was no debate, except that when the bill was presented Mr. Plumb, of Kansas, attacked me severely in a one-hour speech. It was then that Mr. Conkling said what he had to say in my behalf. Mr. Plumb immediately called for the yeas and nays. When the call of the roll was completed, it was found that fifty-five had voted in favor of the bill, and one, the solitary Plumb, against it."

AN IMPROVED EYE-GLASS FRAME.—Mr. Mandeville Thum, of this city, writes to the editor of the Medical Herald:

Before presenting to your consideration an eye-glass frame I have contrived, I will touch briefly upon the shortcomings of the eye-glass in general use. It consists of the two oval lens-frames connected by a flexible spring. There is nothing to keep the lenses

in the same plane, or, if the lenses were cylindrical or prismatic, nothing to keep their axes in a fixed relative position. Owing to these objections, while many persons wear the flexible eye-glass with great satisfaction, the oculists generally, if possible, put their patients in spectacle-frames.



The above cut represents my eye-glass frame. A rigid brace is connected with the eye-pieces by set screws, *a a*, playing in slots in each end of the brace, allowing by this construction a perfect centering of the lenses before the eyes; and, on account of the rigidity of the brace, maintaining them in the same relative position, whether seated upon the thin or thick part of the nose. The frame was especially designed for cylindrical lenses, although possessing equal advantages for spherical.

Some years ago the nature of astigmatism was explained to me by a distinguished oculist, whose patient I was at the time. He prescribed for me +30 cylindrical, axis 90°, and strongly advised a spectacle-frame. I then first conceived the idea of a rigid eye-glass frame, but dismissed it from my mind. Since then, during the last six years, the wearing of cylindrical lenses has become so much more common in this city, and, as I have since learned, generally, that it seemed as though there should be some substitute for the spectacle-frame, which is inconvenient to put on or take off, the bows catching in ladies' hair, and it takes time to properly adjust them. It is not secure on heads which are broad between the ears and come forward to narrow temples, unless the bows are curved to go behind the ears; and these curves, when the spectacle slips or works down on the nose, instead of pulling it back into proper position, simply pull the bridge straddling the nose into the flesh, ridging and irritating it. Any one who can not, on account of the shape of the head, wear a spectacle with straight bows to go over the ears, should depend upon the nose to keep their lenses in position, or, at any rate, never wear frames with hooks behind the ears, unless the spectacle is provided with a broad nose-bridge which will not cut.

There are other considerations which the practitioner might not consider, and which his patients would all think more or less important; but perhaps ladies would be the only ones candid enough to acknowledge it. "O, doctor, I can't wear spectacles; they make me look so old. They are not at all becoming." The stronger vessel, although he thinks about the same thing, will say, as he notes the effect of the eye-glass with a black mustache or gray beard, as the case may be, "I don't care about the looks of the thing, but an eye-glass is so much less trouble."

The eye-glass described above—"The Comfort Eye-glass," or "Thum's Patent"—is no longer an experiment, it having met with the approval and indorsement of men of prominence in the profession in New York, Philadelphia, Boston, Cleveland, Buffalo, Cincinnati, and Louisville. In presenting it I feel confident it overcomes many of the objections to spectacles and previous eye-glasses; centering and holding lenses in position, which, together with the adaptable nature of the nose-pieces, makes this eye-glass, when adjusted with reference to pupillary distance and the thickness and position of the nose on the face, a most serviceable and convenient, if not to say superior, substitute for the spectacle. The requirements of a spectacle-frame—that it shall have the correct pupillary distance, nasal curve, that it shall hold the lenses in the same plane—are all met in this eye-glass.

It is well worthy of notice that so great a master of histology as Virchow does not anticipate much aid to diagnosis or treatment from microscopic investigations of *vibrios*, *monads*, *micrococci*, *bacteria*, etc. with reference to peculiar forms of disease. He emphasizes the fact, however, that Billroth's supposed mother-plant of all these—*Coccobacteria septica*—is always present in the human body itself, notably in the intestinal canal of healthy persons; so that a primary importation, an infection, or a transference, seems hardly required; it is already at hand, and wants only favorable conditions for propagating and further growing.—*Edinburgh Medical Journal*.

"FACTS seem to point to a remarkable and apparently irreconcilable discrepancy between human pathology and experimental physiology," says Dr. David Ferrier, editor of "Brain," in his work on the Localization of Cerebral Disease.

HOW CASTOR OIL IS MADE.—Ernest P. Raab, Ph. G., in the American Journal of Pharmacy:

Castor oil is obtained in the United States by the following method, as witnessed at the Belleville Oil Works, owned by Messrs. Brosius & Son. The seeds having been thoroughly cleansed from the dust and particles of the pod, with which they are more or less contaminated, are placed in an iron reservoir and slightly heated. Great care is taken to prevent them from being scorched, the object being only to make the oil more fluid for expression. The pressing is now proceeded with by means of hydraulic presses, which are preferred on account of the great force exerted by them. Each piece has a series of movable plates and cylinders, of which each cylinder is filled, the plate pushed in, and then the power applied. The first-quality oil is thus expressed, and runs into a large tank below. The pressed seeds are now heaped into a pile and allowed to remain for a day. Next day they are again heated in another iron reservoir, put into a series of cylinders, power is applied, and the second quality or lubricating oil is obtained. Messrs. Brosius & Son use a portion of their oil-cake for fuel, and send the remainder to the East, where it is utilized in combination with other matter to produce artificial guano. A Philadelphia firm (Messrs. Baeder, Adamson & Co.) have resorted to bisulphide of carbon as a solvent from the press-cake, thereby obtaining a dark, thick liquid. The process is similar to that carried on in France with alcohol, the product, however, being a very common lubricating oil, but without smell of bisulphide of carbon. The firm does not now manufacture any more.

The oil made by the process in use at the Belleville Oil Works is called cold-pressed, to distinguish it from any of the other methods in which more heat is employed. The cold-pressed oil without doubt deserves the preference, and is now extensively used. The yield per bushel after two expressions is sixteen pounds or two gallons; the first expression yielding twelve pounds, the second four pounds. Sometimes a third expression is resorted to, but this oil is much colored and the yield so very small that it hardly pays for the labor and expense incurred. The yield is from one to three pounds.

The process of purifying and clarifying the oil is accomplished in various ways, and is the specialty of every factory. The great point in purification as well as clarification to be noticed is the fact not to expose the oil

too long to the air, as it is then liable to become rancid. The first expressed oil is clear white, or rather colorless, like water; the color of the second expression is yellowish, like syrup of squills. Castor oil is remarkable for its power of mixing in all proportions with glacial acetic acid and with absolute alcohol without the aid of any other agent. It is soluble in four parts of alcohol, 0.835 or 0.850, at 15° C., and mixes without turbidity with an equal weight of the same solvent at 25° C. Its specific gravity is 0.97 to 0.98; it congeals at -12° to -13° C., and becomes solid at -40° C.

The oil of the first expression is used for medicinal purposes; that of the second for oiling leather, lubricating machinery, burning, and various other purposes.

The oil-cake is either, by the addition of animal matter and other ingredients, made into manure, artificial guano, or is used for fuel. The latter is the customary practice in large oil-mills, where a saving of from \$40 to \$50 a week is effected thereby.

THE LOCOMOTIVE WHISTLE.—Let me plead also for the remission of the abuse of the steam-whistle at starting and at all times; any musical explosive short note is as quickly interpreted as a long scream. One of the problems of the present day is to avert noise, and screen from annoyance our auditory nerves, the most sensitive and delicately hung brace of strings; and yet even now in London, in addition to the inevitable reverberation of traffic and hum of business, the patient brain-workers have to endure the Italian organ-grinder, the muffin-bell, the mendacious shouts of newsmongers, and the live-long day- and night-penetrating shrieks of the engine host.—*Abstract of a Lecture on the Surgical Aspect of our Present Mode of Railway Traveling, by Richard Davy, M.B., F.R.C.S., Surgeon to Westminster Hospital; Edinburgh Med. Jour.*

GOULARD'S CERATE.—C. Bernbeck thinks that the cerate of subacetate of lead ought either to be discarded altogether as a healing salve or at least be made extempore, because he frequently found it to contain free acetic acid when a few days old, which of course makes the cerate irritating instead of healing. The presence of acetic acid can readily be determined by the odor and by triturating five grams of the cerate in a mortar with an equal quantity of alcohol, and testing with blue litmus paper previously moistened with water.—*Pharm. Ztg.*

INARTICULATE PROFANITY.—In a Scotch police court James Williams was charged with having conducted himself in a lawless and disorderly manner, and using profane and abusive language. By signs he pleaded guilty. The procurator-fiscal stated that Williams was deaf and dumb. There is a saying that "the devil helps a dumb man to swear;" and though Williams did not actually utter the language described, his gestures and incoherent cries amounted to as much. Seventeen previous convictions having been libelled against him, he was fined £1.—*Scotsman*. [No fool-killer in Scotland, surely.]

Selections.

DOVER'S POWDER IN THE NIGHT-SWEATING OF PHTHISIS.

William Murrell, M. D., M. R. C. P., Lecturer on Practical Physiology at Westminster Hospital, Assistant Physician to Royal Hospital for Diseases of the Chest. From London Practitioner:

It is a noteworthy fact that pathological sweating may be arrested not only by drugs that exert an inhibitory action upon the sweat-centers, but also by agents that in health promote perspiration.

Dr. Leared speaks highly of the Turkish bath as a remedy for the nocturnal perspiration of phthisis. He says, "The direct action of the bath has been more strongly shown in removing night-sweats than in any other symptom."

M. Vignard, of Nantes, recommends sage tea in pathological sweatings. He records the case of a young man who for many years had suffered profusely from night-sweating. It generally began about two or three o'clock in the morning, and was so profuse that it saturated the bed-clothes, and to a considerable extent the mattress also. Sulphate of quinine was tried in vain. At length M. Vignard prescribed the following preparation: "Take of chopped sage a large pinch, of water six fluid ounces. Boil the sage a minute or two in water, let it stand to cool, then filter and sweeten to taste." The perspiration ceased whenever the decoction was taken, but reappeared when it was omitted.

The employment of Dover's powder in the treatment of the night-sweating of phthisis is by no means new, and was, it is said, first suggested by Stokes, of Dublin. In 1861 M. Descamps published a paper giving the result of eighteen years' experience of this mode of treatment. The effect surpassed his expectation, the result being uniformly successful, and the sweating being suppressed from the first. "We possess," he says, "several records of cases of phthisis in which the perspiration was arrested up to the period of death. The powder was generally given in the dose of fifty centigrams (about seven and a half grains) in the evening, at different hours, according to that which announced the commencement of the sweating; and not only was it always observed that it prevented this symptom, but it also diminished diarrhea, allayed cough, and predisposed to sleep.

It sometimes happened that the powder was vomited. In such cases the dose was divided into two parts; one of which was given in the evening, and the other at night when the patient awoke." Dr. Handfield Jones, referring to M. Descamp's recommendation, says that he has found Dover's powder "materially to check the night-sweats of phthisis." Dr. Hayden, in a paper read before the Medical Society of the College of Physicians of Dublin, March, 1877, speaks highly of this mode of treatment. He gives five grains once or twice in the course of the night. This treatment has been recommended by Dr. Ringer, and by M. Desnos, of the Hospital St. Louis, Paris. Dr. Theophilus Thompson also mentions it in his lectures on consumption.

During the last two years I have taken notice of fifty-five cases of night-sweating of phthisis treated with Dover's powder. In only five of these cases did the drug fail to afford some relief. Of the successful cases, thirty-four were men and sixteen were women. With two exceptions they were adults in the prime of life, their ages ranging from nineteen to thirty-six. The cases under treatment represented all stages of the disease. In some there were hardly any physical signs, while in others both lungs were extensively diseased. In eighteen cases cavities were diagnosed. In fifteen cases both lungs were involved, while in the remainder only one lung was affected, or there were no physical signs. The duration and severity of the night-sweating varied much in different cases, but in all it was well marked. As a rule, the Dover's powder was given only at bedtime, but in a few cases small doses were given several times a day, though without any corresponding advantage. It was found that to do any good five or ten grains must be given, and ten grains usually acted more promptly than five. Smaller doses usually failed, while, on the other hand, there was no advantage in giving more than ten grains. Frequently, for convenience of dispensing, the Dover's powder was administered in five-grain pills, but in many cases the powder itself was used. In most cases the patients, while taking the Dover's powder, had no other medicine, except, perhaps a placebo of camphor-water or peppermint. In other instances the Dover's powder was not allowed to interfere with the general treatment, the patient taking cod-liver oil, cough-medicines, and so on. The Dover's powder acted equally well, whether given alone or with other remedies. As a rule, there was an improvement upon the first or second night, but sometimes the sweating did not entirely cease for a week or more, declining gradually in severity. Sometimes the sweating returned immediately upon discontinuing the medicine, but in other cases there was no relapse for a month or longer. In no single instance was the treatment found to do harm. It often, in addition to stopping the sweating, eased the cough and insured a good night's rest.

Illustrative Cases of the Use of the Dover's Powder in Night-sweat.—The following may be taken as a fair average example of what Dover's powder can do. It is not by any means an exceptional case, and it would have been quite easy to pick out other cases in which the relief was most prompt:

R. W., a bookbinder, aged twenty-six, had suffered from a slight cough for ten months, but it was only during the last three or four weeks that he had any expectoration. He was extremely emaciated, and had lost a stone in weight in six months. He was very feeble, and had great difficulty in doing his work.

There had been no hemoptysis. He had suffered from night-sweats for about three weeks, never missing a night. He usually went to bed about ten, and awoke in the early morning covered with moisture. He was so wet sometimes that it left a mark on the sheet where he had been lying. The physical signs were: at the left apex flattening, deficient movement, increased vocal fremitus, dullness, and coarse crepitation; on the right side, impaired resonance and a little scattered crepitation. His father and a brother had died of phthisis. He was ordered ten grains of Dover's powder every night at bedtime, and a little infusion of quassia as a placebo. For two nights there was no improvement, but on the third night the sweating was much less. On the fourth and fifth nights it was very slight indeed, and upon the sixth there was none at all. The pills were then discontinued, and with the exception of one night there was no sweating for four weeks. It then returned, the patient suffered severely for three or four nights, and then recommenced taking the pills. The sweating was again checked in four nights, the pills were discontinued, and there was no further relapse during the time the patient remained under observation, a period of six weeks longer.

Even in cases rapidly progressing to a fatal termination Dover's powder will keep the perspirations in check, as shown in the following instance:

N. H., aged twenty-eight, a bright, good-looking young woman, was first seen in October, 1877. She had had a cough for above twelve months; it had of late been accompanied by a great deal of thick yellow expectoration. There had been no hemoptysis. She was very short of breath, especially on exertion. She had fallen away considerably, and was very weak indeed. She was regular, but the catamenia were scanty and often delayed. Her hair had been coming off considerably for some time. She had had night-sweating for four months, nearly every night, sufficiently severe to wet her night-gown. The temperature under the tongue (2 o'clock P. M.) was 100.8 F. A large cavity was diagnosed on the right side, and there was softening at the left apex. She had not been under medical treatment, but had been taking cod-liver oil for some months. No immediate steps were taken to stop the perspiration, but an endeavor was made to improve her general health by the administration of arsenic, hypophosphites, etc. in combination with cod-liver oil. At first there was a slight improvement; but it was only temporary, for her temperature continued high, she lost flesh, and the lung-mischief progressed rapidly. In December the sweating became much more profuse, and she was wet through night after night. She was ordered five grains of Dover's powder nightly at bedtime, and the sweating at once and completely ceased. An attempt was made to discontinue the powders, but the sweating immediately returned. She was perfectly comfortable if she had her usual dose, but if it were omitted she was drenched with perspiration. She continued taking the powders till the night of her death, which occurred in January.

Dover's Powder not always Successful.—Although Dover's powder is a very useful remedy, it is not uniformly successful. In the following case it completely failed:

J. D., a laborer, aged thirty-three, first came under observation in October, 1877. He was at that time working as a bargee on the river. He was always out in the cold and wet, and was often greatly overworked. It was not uncommon for him to work for

twenty-four hours at a stretch. His father died of consumption and his mother of dropsy. He had had a cough for two years, and it was getting worse; he was "at it night and day;" "there was no rest for him." There was not much phlegm, but what there was was "nasty thick yellow stuff," and he "had to cough a long time before he could get it up." About ten months ago he brought up blood for a fortnight, a mouthful at a time. Sometimes the phlegm is streaked with blood now. He was very short of breath, and had been for nearly a year; "his breath was the worst part of him." He had lost flesh very much; he was only a skeleton to what he used to be. Two years ago he was a fifteen-stone man; now he weighs only ten stone eleven, coat and all. The sweating at night was very bad. He had had it for ten months, almost every night that he was in bed. It began as soon as he went to lie down, and never stopped the whole night. It was all over the body, feet and head and all. It wetted his flannel and shirt right through to the bed, and you could scoop it off him. He never perspired in the daytime, but was very cold, even at his work. On physical examination a cavity was noted at the left apex, with coarse crepitation all over the lung, back and front. Upon the right side there was a little scattered crepitation. Patient was ordered a pill of five grains of Dover's powder every night at bedtime, with an ounce of infusion of quassia three times a day. He took the pills every night for six nights, but it did the sweating no good; if any thing, it was worse than before. He was then ordered a mixture of soda and calumba three times a day, with a pill containing two and a half grains of Dover's powder, to be taken every night at bedtime. The chest and back were at the same time freely painted with linimentum iodi. In a week's time he returned, and said he was better in himself, but the night-sweats were as bad as ever. He was next ordered two five-grain Dover's powder pills at bedtime for a week, but they did him no good. He said he had to struggle for his breath at night so much; and that, he thought, brought on the sweating. The Dover's powder having entirely failed, he was then ordered five grains of oxide of zinc every night at bedtime, but without the slightest benefit. The patient then ceased to attend. He frequently expressed an opinion that it was of no use trying to do any thing for the sweating, as it was always brought on by the shortness of breath. It is not improbable that he was right, and that the shortness of breath was the cause of the profuse sweating. For Luchsinger has shown that asphyxia acts on the sweat-center, increasing the secretion.

Here is another case in which the Dover's powder failed:

F. C. F., aged twenty-two, clerk in the post-office, had suffered from cough and expectoration for six weeks, or it might be a little more. There had been no hemoptysis, and not much loss of flesh. He had had perspirations at night for about a week. They came on every night, and were very severe. He was wet all over, flannels, night-shirt, sheet, and all. In the morning the water was standing on him just as if he had come out of a bath. It made him very weak, he said, and he had great difficulty in doing his work. At the right apex there was deficient movement, with dullness and coarse crepitation. Nothing wrong was detected on the left side. He was ordered a ten-grain Dover's powder every night at bedtime, with an ounce of infusion of quassia three times a day. A week later he reported that there had been no improvement

in any way, and the perspirations were as bad as ever. The Dover's powder was continued for another week, being this time given in the form of pill, but the result was the same. He next ordered a grain of Dover's powder every night at bedtime, but this too failed. He then took a grain of Dover's powder three times a day for a week, but the perspirations were worse, often continuing till nine o'clock in the morning, causing great exhaustion. He was next ordered a pill containing two and a half grains of Dover's powder, three times a day, but there was very little improvement. He then took a five-grain Dover's-powder pill three times a day for a week, and this too failed. He was again ordered ten grains of Dover's powder at bedtime, and again it failed. He then ceased to attend.

Dover's powder will sometimes succeed after oxide of zinc and other remedies have failed.

C. F., aged thirty-one, a cabinet-maker, had had a cough more or less all his life, accompanied at times by expectoration. For the last three weeks there had been a little blood in the sputa almost daily. There was great shortness of breath on exertion. During the last year he had lost flesh considerably. He had had night-sweats badly for a fortnight. On physical examination signs of softening were noticed at the right apex. He was ordered cod-liver oil and hypophosphite of lime with ten grains of oxide of zinc every night at bedtime. He felt stronger and better in every way with the exception of the perspirations, which were as bad as ever. He was then ordered five grains of Dover's powder at bedtime, and the sweating at once ceased. The powders were taken for six nights and then discontinued. A week later the perspirations returned, but were checked by the powders, after which there was no relapse.

The Dover's powder treatment succeeds even in children. A little girl, aged ten, having a vomica at the left apex, had suffered from night-sweating for a week. She was ordered five grains of Dover's powder nightly at bedtime; the sweating at once ceased, and there was no return of it. Dover's powder also answers well in elderly people. A man, aged fifty-two, a clerk out of employment, who had been "hard up" for two years, and had been much exposed to bad weather in walking about the streets looking for employment, was considerably benefited. He had softening at the right apex and had suffered severely from night-sweating.

Dover's powder is useful in some forms of sweating not due to phthisis.

C. B., aged nineteen, a porter in a hotel, had suffered from night-sweating every night for a fortnight. It usually commenced two hours after going to bed, and continued all night. It was most profuse, and wetted the night-gown and sheets; the night-gown was so wet that it had to be hung out to dry in the morning. He had never "picked up" since he had "low fever" some fourteen weeks before. He had no cough and no expectoration, and there had been no hemoptysis. He complained of occasional pains in his joints, chiefly in the knees and shoulders. No abnormal signs were detected in the chest. He was ordered ten grains of Dover's powder every night at bedtime. The first night the perspiration was less, although still enough to wet his night-gown; the second night there was still further improvement; and on the third night there was no sweating at all. The powders were then discontinued, and although the patient was under observation for some weeks longer there was no return of the perspirations.

It is often very difficult to make an estimate of the relative value of different modes of treatment in any disease; but I have no doubt that for the night-sweating of phthisis Dover's powder, although it may be inferior to atropia, is far more reliable than oxide of zinc.

The Uses of the Hot-water Douche in Parturition.—Dr. Albert H. Smith, in a paper read before the Philadelphia County Medical Society (Phila. Med. Times), claims as facts proved by experience that the hot-water douche (110° to 115°) thrown upon the cervix uteri or the rim of the undilated os will stimulate contraction of the longitudinal and oblique muscular fibers of the uterus into an expulsive effort, while the circular fibers surrounding the os relax under its influence; second, that a similar douche thrown into the cavity of the relaxed and bleeding uterus after the expulsion of the fetus or the placenta will produce prompt and vigorous condensation of the uterine walls, with an immediate closure of the sinuses; and third, that a like application to a bleeding surface from laceration in the passage of the child through the pelvic canal will arrest the hemorrhage at any point, whether it be from a tear of the circular artery in the cervix, or from rupture of the vascular tissues upon the anterior margin of the vulva about the vestibule, or from the furrows upon the posterior wall and the labia.

Dr. Smith has found the application to the cervix of the hot douche thoroughly and rapidly effectual in the first stage of normal labor at full time, almost equally rapid in a rigid condition in an accidental premature labor, and more slowly, though with ultimate effect, in the induction of labor in a quiescent uterus. The method of application is simple. The patient should lie upon her back with a bed-pan placed far under her sacrum, so that there should be no danger of the water getting upon her clothing. The injection should be thrown into the vagina with a syringe with a rubber tube and metal nozzle with a large hole in the end; and Dr. Smith prefers the Davidson bulb-syringe, as the stream can be driven with more force, and with the intermittent action necessary with that instrument. A quart to three pints of water medicated with two drams of ninety-per-cent solution of carbolic acid, or a half ounce of Labarraque's solution should be thrown into the vagina, the pipe being directed against the cervix, not into it. The douche may be repeated every hour or two, according to the demands of the case or the violence of its results.

The condition in which we get the most signal effects from the douche is that of uterine inertia after the placental delivery, and in this condition Dr. Smith is inclined to think we have an absolutely reliable agent to control bleeding—an agent which may reduce the terrors of post-partum hemorrhage and make its fatal termination an almost impossible event if applied at any time while power of reaction is not entirely exhausted.

The nozzle should be carried on the index finger into the vagina, while the opposite hand grasps firmly the uterine globe. The fingers in the vagina may be moved about freely to break up clots rapidly, there being sometimes a complete distension of the vagina with firm, hard coagula. The stream is kept up continuously, washing out as fast as the clots are loosened; the nozzle is to be carried to the os uteri and directed into the orifice. If the coagula in the uterus are loose and not abundant the force of the stream may be sufficient without carrying the finger into the

uterine cavity; but if the hemorrhage has been great, and the uterus largely distended, it is better boldly to introduce the pipe, guarded by the finger, and, moving it around gently, let it with the aid of the stream detach from the intra-uterine surface all shreds of membrane or small coagula which may be found adherent to the surface, and which, if not removed, will act as centers of coagulation. While this is going on, the hand upon the uterine tumor feels it steadily and generally instantly contracting, condensing itself into a firm, hard mass, receding completely into the pelvic cavity below the brim. The water passing from the vulva is soon observed to be free from color, and the hemorrhage is arrested. A uterus after such accident ought to be carefully watched and compressed in the hand of the accoucher or of an assistant until all probability of secondary relaxation is over.

Finding the use of the douche so successful in controlling hemorrhage, it has naturally followed to adopt it as a preventive, and for nearly two years past Dr. Smith has been resorting to its use habitually (or at least whenever at all easily practicable) in every case of labor. The apparatus is made ready during the latter stages of labor, and so soon as the placenta is delivered the douche is administered precisely as just directed for the relief of hemorrhage, except that it will be rarely necessary to carry the finger and the pipe farther than the os uteri (the internal os, the external os, and cervical cavity being expanded at this stage). The vagina is thus cleansed and disinfected by the water—medicated as before—the clots are washed from the lower segment of the uterus, and the organ stimulated to contract, which it does firmly, rarely showing a disposition to relax, and often remaining low down in the pelvic cavity below the brim for twenty-four hours; and in no case so far, where satisfactorily done, has any flooding occurred after it. After-pains are diminished greatly, and the lochia but slightly abundant.

As to any danger from the absorption of the carbolic solution, it seems almost impossible, where the outlet of the uterus is so patulous as it is after labor, that any fluid could be retained in its cavity long enough to be absorbed; but the recent statements of so reliable an authority as Fritsch that serious consequences have followed its use in some cases would make it desirable that every precaution should be taken against such retention.—*Hosp. Gaz.*

Antipyretic Effects of Cold Enemata.—In the *St. Petersburg Med. Woch.* of June 14th M. Lapin, one of the internes of Prof. Manassein's clinic, gives an account of the trials that have been made there of cold clysters as an antipyretic means. After noticing the few observations upon the subject which have already been recorded, he gives an account of the fifty observations which he has made in Prof. Manassein's wards. Of these he has published a detailed account in a Russian journal, confining himself in the present communication to a general statement of the results.

Prior to the administration of the clyster the temperature of the patient was taken while lying on his back, in the axilla, the hypogastric region, and the rectum. The temperature of the liter of water employed varied from 5° C. to 10° C. (41° F. to 50° F.), and Hegar's apparatus at a pressure of two feet was used for the administration. After the water had been discharged the temperature was again taken in the same localities. Of the fifty trials twenty-six

were made upon fever patients, twelve on patients with non-febrile diseases, and twelve on persons in health. From these trials the following conclusions are drawn:

1. Cold clysters form a practical means of reducing temperature, the influence of which continues for a considerable time. After clysters at 10°C . the temperature scarcely reaches its former height in the axilla for from thirty to forty minutes, in the hypogastrium after an hour, and in the rectum after an hour and a half. With clysters at 5°C . the cooling in the axilla lasts for forty or fifty minutes, but in the hypogastrium and the rectum it lasts a much longer time than when water at 10°C . is used; so that the prior high temperature has never been observed to be regained until from two to two and a half hours after.

2. The clysters at 10°C . are well borne in all cases without exception, sometimes leaving behind them a pleasant sense of coolness extending over the whole body. Those at 5°C . are by some just as well borne, but in others they induce unpleasant sensations in the abdomen. In recurrent fever even shivering may be produced.

3. The depression of temperature is more considerable in cases of fever than in non-febrile affections, and in the healthy. (In the fever patients the fall of temperature varied from 0.60° to 0.40° in the axilla, from 1.50° in the hypogastrium, and from 5° to 1.70° in the rectum. In non-febrile cases it varied from 0.40° to 0.30° in the axilla, from 1.40° to 1.10° in the hypogastrium, and from 1.60° to 1.30° in the rectum. In healthy persons it varied from 0.60° to 0.30° in the axilla, from 1.30° in the hypogastrium, and from 2.60 to 1.40 in the rectum.)

4. Not only is the temperature diminished, but also the number of the pulse and respiration to a small extent.

5. The greatest diminution of temperature takes place in the rectum, next in the hypogastrium, and least in the axilla.

6. An advantage of the cold clysters as an adjunct of other energetic antipyretic means consists in their fulfilling other indications besides the depression of temperature: (a) They remove the accumulation of masses of feces, which so frequently occurs in fevers. (b) They diminish meteorism by contributing to the removal of gases; (c) In this way they render possible greater freedom in the movements of the diaphragm, and remove a source of self-poisoning of the economy by means of the gases; (d) To a certain extent they diminish the afflux of blood to the organs in the vicinity of the rectum, especially the uterus and bladder.

7. Stools follow the use of the clysters at different times in different individuals, varying from a quarter of a minute to two minutes and a half.

8. There can be no doubt that when a clyster is also indicated in non-febrile cases the cold clyster should be preferred to the warm in all those cases in which, besides the emptying of the intestine, it is desired to produce a tonic effect on the canal or to diminish the amount of blood in the pelvic organs.—*Medical Times and Gazette*.

Blistering as a Remedy.—Dr. H. S. Anderson, in his recent Harveian Discourse, published in the *Edinburgh Medical Journal*, speaks as follows of the uses of blistering: "Another remedy, which I fear is somewhat unduly neglected also, is counter-irritation by means of blistering; and I think I have observed

in some young practitioners an approach to something like terror when blistering is spoken of as a remedy that may frequently be used. Certainly, as regards children's diseases, there is more of this fear than there should be. It has frequently, for example, been my experience to see children, in consultation with a younger practitioner, when blistering in acute head-affections had never been dreamed of. In nearly all acute inflammatory affections of the brain, tubercular or not, in children, I am strongly of opinion that after shaving the head the application of blistering fluid has a rapid and satisfactory effect. Inflammatory attacks also of the peritoneum and chest in children are often controlled by blistering, although the size of the vesicatory and the length of time applied must be carefully considered; and in the rheumatic affections of the joints in adults repeated blistering has often the happiest results. For many chronic conditions also counter-irritation has always held a high place in my list of remedies. In chronic tubercular affections of both chest and abdomen I think occasional and repeated blistering is frequently beneficial, and also in chronic and obscure head and other affections of the nervous system. For example, a blister over the roots of the nerves in herpes zoster often relieves the neuralgic pain so generally present and often so difficult to get rid of. In diphtheritic paralysis, also, blistering the nape of the neck, and even down the spine, often expedites cure in a wonderful way. In the uterine or ovarian pain so often complained of in the left side there is no better remedy sometimes than a succession of fly-blisters, and the tenderness of spinal irritation is frequently relieved, if not got rid of, by the same means. In chronic effusions the use of blisters is still fully acknowledged, and do not therefore call for special mention."

Spurious Hydrophobia in the Lower Animals.—W. Lauder Lindsay, M.D. (*Edinburgh Med. Jour.*) concludes that:

1. All reputedly "mad" dogs, cats, or other animals are not necessarily rabietic.

2. All bites, even of rabietic dogs, are not necessarily productive of hydrophobia in man.

3. The propensity, natural or morbid, to bite is developed in a number of other conditions than rabies, with which conditions rabies is apt to be confounded. These diseases or conditions apt to be mistaken for rabies include: (a) Mere transient anger, which, however, by virtue of its intensity or duration may pass into (b) fury or ferocity, becoming uncontrollable, and thence into (c) acute ephemeral mania; (d) the delirium or mania arising from removable or non-removable mechanical irritation; (e) the delirium of typhus, phrenitis, distemper, or other febrile disorders; (f) epilepsy, or other convulsive disorders; (g) repletion with food; (h) artificial life, involving as it does deficient exercise, improper food, and non-gratification of certain instincts; (i) sexual excitement; (j) solar exposure.

4. The bite of a non-rabietic animal may and frequently does produce in man dangerous or fatal disorders, though these do not necessarily take the form of hydrophobia.

5. Summary destruction of a merely suspected, or even of a rabietic, animal is from all points of view an egregious blunder.

6. Muzzling and certain other forms of repressive treatment are apt to produce the very disease they are intended to prevent.